

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Civilization and the Cripple

Charles G. Johnson, State Treasurer of California, delivered an interesting address under the above title on January 8, 1932, before the Rotary Club of Los Angeles. The following extract is taken from Mr. Johnson's address, which was received with great enthusiasm.

Civilization has come to the realizing sense—from an economic standpoint alone—that it is better to convert the crippled child from the status of a liability to that of an asset to society; and—to the twentieth century has come the realization that whatever affects the well-being of an individual, affects the well-being of the State.

During the White House Conference on Child Welfare, the definition of a crippled child was given as one whose future capacity for self-support is threatened by some disease of bones, joints or muscles; and, while it may appear that this is a problem for the surgeon, it is—after all—a social and economic problem.

Suppose it does cost four, five or six or more hundred dollars to put a crippled child on his feet so that he may become a self-reliant, self-supporting member of society. Then, suppose the income of the parents of this crippled child is insufficient to make accessible the very best possible care, the most expertly trained physician and surgeon. *Because he is not a menace to society*, his case goes on unnoted until he is no longer a potential cripple, but a very real, social, industrial and economic liability—his guardians gone,

a community responsibility for ten, twenty or fifty years in *county or state institution at county, taxable, expense*—ranging from ten to fifty times the possible cost of early correction, producing a taxpayer instead of—because of the neglect of society—a tax consumer.

It is statesmanship to conserve the man power of a state and a nation, to render—in so far as possible—every man a wage earner. Potentially he is a normal child. Given a chance, two results follow—the child's soul is freed from a sense of limitation and inefficiency—and society from a financial burden. A 1925 National Survey listed over 400,000 crippled children in the United States, at least 65 per cent of whom could be corrected or cured.

When the Mediterranean fruit fly was spotted in California; when the hoof and mouth disease, or bubonic plague is mentioned, there is no curtailment nor question as to *pooling of Federal, State and county, and private funds* to bring the *most expert* State or Federal authorities into the affected area, because we fear the loss of income from our fruit, our cattle, our grain, or our own physical and social well-being. No one raises a question when huge sums of money—Federal, State and municipal—are expended for the capture of a kidnaper, robber or murderer, because we fear for our own personal safety and well-being so long as the miscreant is at large.

During the fiscal year ending June 30, 1930, the cost of protection to persons and property in 275

municipalities in California was \$38,608,666.20, with judicial courts in these municipalities costing an additional \$1,068,258.92. The cost of maintaining sheriffs, constables, county jail maintenance of building and care of inmates in the 58 counties in this State, during the same period was \$5,120,047.14.

In one year vast millions for the apprehension, incarceration, and maintenance of moral derelicts, yet in the four years following the adoption of the Crippled Children's Act, the State of California budgeted \$40,000 for administrative purposes, and some 40 counties spent about \$137,500 for the physical care of 278 out of approximately 15,000 to 18,000 crippled children in the State of California (based upon the minimum average of three crippled children in each one thousand population).

A local Rotarian, catching the vision, proposed legislation for crippled children in California. A resolution was unanimously accepted by the District Convention at large, at San Diego, May 7, 1926, and by July the legislative committee of the California Society for Crippled Children was at work. After many deliberations and conferences this society was successful in having enacted what has since been said to be one of the most perfect working pieces of legislation on the statute books of the State.

The law refers to the **NEEDY** physically handicapped child—not necessarily indigent. Official legal opinion has been given, that—without society—a society—the State Board of Health can do nothing; that it was evidently the intention of the legislators to make possible the approach (by those interested in the care and correction of the needy physically handicapped person under eighteen years of age) to such authorized and governing body designed in the law as the directing agent—that such persons—public or private agencies—or through the medium of such society, or societies—may arrange with the State Board of Health for the holding of local public diagnostic clinics; that the obligation and *responsibility* is upon the *local lawful authorities*—social welfare and *other public and private agencies* and NOT the State Board of Health for survey, *i. e.*, the seeking out of the **NEEDY** physically handicapped child.

In each of the 24 clinics held since the law went into effect, the California Society for Crippled Children has—working in conjunction with the local service and women's clubs and local public health authorities—done the preliminary survey work, and has conferred with the State Board of Health who has authorized the examining physician—all, in accordance with the provisions of this law.

The province of the State Board of Health, under the Crippled Childrens Act, in the care of a single

case, does not begin until the certificate, signed by the Judge of the Superior Court of the county in which the parents are resident, is received by the State Board of Health; the decision of the Judge in signing such certificate being based upon his finding that the parents—at the time of signing the petition—are residents of the county and are either **WHOLLY** or **PARTLY** unable to pay the costs; enabling those who can repay any portion thereof to do so.

Upon receipt of this certificate, it then becomes the **DUTY** of the State Department of Public Health to *provide* such transportation, hospitalization, care, appliances or other service, as in its judgment are necessary and proper, the expense thereof to be advanced by the State Department of Public Health, out of a Revolving Fund set up for that purpose, which cost is—in turn—charged back to the county issuing the certificate; and it is mandatory upon the supervisors to audit said claim and upon the county treasurer to pay same. This Revolving Fund is for *use only* by the State Department of Public Health.

The California Society for Crippled Children is maintained and supported by these service clubs—women's clubs and voluntary contributions—and in no way participates in—nor receives any State funds or moneys.

We must understand that unless there is a county chapter of the Society, or club—*honestly* interested, to follow up *each* case after these clinics, the clinic accomplishes little. *Again*, it is the responsibility of the “neighbor”—with a friendly, personal interest, to assist, to explain, to break down the barrier of fear, prejudice, fear of being adjudged an indigent; to bridge the gap between the **NEEDY** child and the provisions for his care which have been set forth.

The Society's report shows 1176 crippled children have been examined at 24 clinics, about 20 per cent able to—in some satisfactory way—finance the needed care under a private physician; 5 per cent adjudged hopeless, but—there are 879 of these 1176 children who have been examined and recommended for relief who have not been accounted for, presumably because of misinformation—or no information—as to the proper procedure. Where county chapters are functioning—and this is the solution of our problem in California, as elsewhere—crippled children are receiving attention and splendid work is going forward with the whole problem, of physical care, education, and training for gainful employment framed in the complete program of their reason for existence.

The **DUTY** of the State Department of Public Health **BEGINS** when **YOUR DUTY HAS BEEN PERFORMED**. The responsibility for the care and education of crippled children in California rests

upon society—the efforts of the men and women responsible for the enactment of these laws. Since society—generally speaking—is represented by each one of these groups who have undertaken the solution of the problem, it is reasonable to assert that—with the combined efforts of men and women's clubs previously mentioned, together with welfare workers and public health nurses, and interested individuals, California will—and that right soon—take the lead in the correction and—better still—in the prevention of crippled children.

APPLICATIONS FOR PERMIT, PENDING BEFORE THE STATE BOARD OF PUBLIC HEALTH

The following applications relating to sewage disposal permits are pending before the State Board of Public Health, action to be taken at the next meeting of the Board to be held in Room 358, State Building, San Francisco, on February 13, 1932:

COUNTY SANITATION DISTRICT NO. 2 OF LOS ANGELES COUNTY—to discharge sewage from North Long Beach in accordance with the plans of the North Long Beach sewers on file in the office of the City Clerk of Long Beach, into the Joint Disposal works of County Sanitation Districts and permit the Los Angeles County Sanitation District No. 2 to accept and dispose of said sewage.

COUNTY SANITATION DISTRICT NO. 2 OF LOS ANGELES COUNTY—to modify permits heretofore granted January 15, 1927 and subsequent permit granted July 9, 1927, to the County Sanitation Districts to construct and operate an activated sludge plant for temporary use pending the completion of an ocean outfall and dispose of the effluent into Nigger Slough, by striking out and eliminating therefrom the condition and restriction, namely—"that only sewage from cities and districts which hold individual permits from the State Board of Health be discharged into the outfall leading to the treatment plant."

LONG BEACH—to discharge sewage originating within that portion of the city of Long Beach known as North Long Beach through the outfall sewer owned and operated jointly by County Sanitation Districts Nos. 1, 2, 5 and 8 of Los Angeles County.

PUBLIC HEALTH IS SUBJECT AT TEACHERS' INSTITUTES

Dr. Warren F. Fox, Health Officer of Imperial County, conducted a series of public health programs at the Teachers' Institute which was recently held in El Centro. Dr. Fox presented a plan whereby the various school districts would join with the county health department in pooling their resources so that additional personnel, consisting of a woman physician and a dentist, might be obtained. Dr. Fox stated that there are possibly 10,000 school children in the county, all of whom should have the benefit of a complete annual routine physical examination. Dr. Fox also conducted sessions devoted to the subject of eye infections, dental hygiene, and posture defects and their correction.

TWO FATAL TRICHINOSIS CASES

Two fatal cases of trichinosis occurred in San Francisco last week in individuals who ate undercooked sausage which was received as a gift from a friend in Marin County. The animal from which this sausage was made was killed December 17 and from it sausage, salami, and other products, were manufactured on the ranch where the animal was killed. Presumably, at least twelve individuals were exposed but so far only two cases, both of which resulted fatally, have been reported.

At this season of the year trichinosis cases generally occur, although they may develop at all seasons of the year provided that infested pork products are consumed. Health officers are advised to issue warnings repeatedly relative to the necessity for thoroughly cooking all pork products.

TYPHOID CARRIERS SURVEYED

Dr. A. H. Hieronymous, City Health Officer of Oakland, and Dr. R. W. Sanders, City Health Officer of Alameda, have just completed surveys of known typhoid fever carriers residing in their respective cities. Specimens were obtained from all such carriers and examinations were made in the laboratories in order to determine if such individuals are still carriers. Information relative to the compliance of such carriers with regulations for their control was also obtained. These health officers plan to make similar surveys at least twice each year. This procedure receives the commendation of the State Department of Public Health, since it provides an efficient check upon typhoid carriers.

Mental hygienists are stressing one great point, namely, that in most cases of nervousness, in many cases of delinquency, in some cases of insanity, and in almost all cases of child behavior or conduct disorder, the trail leads back to the home and the parents. And this fact operates in just the same fashion and with as much vigor and frequency among families of the well-to-do as it does in the tenements.—George K. Pratt, M.D.

MORBIDITY*

Diphtheria.

89 cases of diphtheria have been reported, as follows: Berkeley 1, Oakland 2, Fresno County 2, Los Angeles County 10, Alhambra 2, Burbank 1, Covina 1, Huntington Park 1, Los Angeles 45, South Gate 1, Monterey Park 1, Maywood 1, Chowchilla 1, Orange County 1, Brea 1, Santa Ana 1, Riverside County 3, Sacramento 1, San Bernardino County 2, San Bernardino 1, San Francisco 4, San Joaquin County 1, Santa Clara

* From reports received on January 18th and 19th for week ending January 16th.

County 1, Willow Glen 1, Stanislaus County 1, Modesto 1, Tulare County 1.

Scarlet Fever.

158 cases of scarlet fever have been reported, as follows: Alameda County 1, Oakland 3, Piedmont 1, Chico 1, Colusa County 1, Crescent City 1, Fresno County 9, Fresno 7, Glenn County 1, Bakersfield 1, Los Angeles County 8, Compton 3, Inglewood 1, La Verne 1, Long Beach 5, Los Angeles 48, Monrovia 1, Pasadena 2, Redondo 1, San Gabriel 1, Santa Monica 6, Bell 1, Gardena 1, Madera County 1, Monterey County 1, Orange County 5, Brea 1, Santa Ana 1, Riverside County 1, Riverside 1, San Bernardino County 2, San Bernardino 1, San Francisco 8, San Joaquin County 1, Stockton 2, San Luis Obispo 1, Santa Barbara County 9, Lompoc 1, Santa Clara County 1, Santa Clara 1, Santa Cruz 5, Stanislaus County 2, Yuba City 1, Tulare County 1, Dinuba 1, Visalia 1, Ventura County 2, Ventura 1, Yuba County 1.

Measles.

250 cases of measles have been reported, as follows: Alameda 2, Oakland 3, Piedmont 1, Richmond 2, Del Norte County 1, Fresno County 1, Fresno 3, Humboldt County 74, Arcata 2, Los Angeles County 3, Glendale 2, Long Beach 1, Los Angeles 3, Marin County 1, Mendocino County 1, Monterey County 5, Carmel 1, Monterey 4, Santa Ana 1, Sacramento 85, San Diego 1, San Francisco 33, San Joaquin County 2, Santa Clara County 1, Los Gatos 3, Palo Alto 1, San Jose 6, Santa Cruz 2, Watsonville 2, Benicia 1, Stanislaus County 2.

Smallpox.

12 cases of smallpox have been reported, as follows: Fresno County 1, Corcoran 1, Los Angeles 3, Orange County 1, San Diego 1, San Francisco 1, San Luis Obispo County 2, San Luis Obispo 2.

Typhoid Fever.

2 cases of typhoid fever have been reported, as follows: Albany 1, Kings County 1.

Whooping Cough.

143 cases of whooping cough have been reported, as follows: Alameda 2, Oakland 18, Contra Costa County 2, Crescent City 1, Fresno County 3, Los Angeles County 8, Azusa 3, Beverly Hills 5, Compton 5, Glendale 2, Long Beach 1, Los Angeles 10, Monrovia 8, Pasadena 5, San Gabriel 5, Orange County 8, Plumas County 3, San Diego 10, San Joaquin County 7, Stockton 15, San Luis Obispo County 1, Arroyo Grande 2, Paso Robles 3, San Luis Obispo 2, Santa Barbara County 4, Santa Maria 8, Watsonville 1, Sonora 1.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Riverside County 1, San Francisco 1, San Joaquin County 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Oakland 1, Gustine 1.

Encephalitis (Epidemic).

One case of epidemic encephalitis from Riverisde was reported.

Food Poisoning.

Two cases of food poisoning from Los Angeles were reported.

Undulant Fever.

One case of undulant fever from Long Beach was reported.

Trichinosis.

Two cases of trichinosis from Marin County were reported.

COMMUNICABLE DISEASE REPORTS

Disease	1931-1932				1930-1931			
	Week ending			Reports for week ending Jan. 16 received by Jan. 19	Week ending			Reports for week ending Jan. 17 received by Jan. 20
	Dec. 26	Jan. 2	Jan. 9		Dec. 27	Jan. 3	Jan. 10	
Actinomycosis.....	1	0	1	0	0	0	0	0
Chickenpox.....	181	369	790	529	164	313	546	497
Coccidioidal Granuloma.....	0	0	0	0	0	0	2	0
Diphtheria.....	61	65	88	89	50	65	67	63
Dysentery (Amoebic).....	4	0	4	1	0	0	0	0
Dysentery (Bacillary).....	3	2	4	2	2	2	3	2
Encephalitis (Epidemic).....	0	0	1	1	1	1	0	2
Erysipelas.....	13	15	18	33	15	22	19	32
Food Poisoning.....	3	2	5	2	0	5	0	0
German Measles.....	3	3	7	9	2	8	15	8
Gonococcus Infection.....	72	125	127	125	88	162	145	153
Influenza.....	79	162	125	177	59	55	96	63
Leprosy.....	1	0	1	0	0	1	1	0
Malaria.....	0	0	0	1	1	1	0	2
Measles.....	44	185	221	250	110	212	315	363
Meningitis (Epidemic).....	2	6	7	3	7	16	9	8
Mumps.....	42	88	162	153	65	149	248	282
Paratyphoid Fever.....	0	0	0	1	0	0	8	0
Pellagra.....	1	0	1	0	1	1	1	1
Pneumonia (Lobar).....	65	131	122	111	76	193	113	128
Poliomyelitis.....	1	5	3	2	13	14	8	10
Psittacosis.....	0	8	2	0	0	0	0	0
Rabies (Animal).....	6	6	11	4	14	37	19	12
Scarlet Fever.....	101	128	153	158	79	94	106	137
Septic Sore Throat.....	2	1	1	0	0	0	3	0
Smallpox.....	1	9	19	12	41	81	68	156
Syphilis.....	100	159	173	187	120	117	169	173
Tetanus.....	0	1	2	1	3	2	0	1
Trachoma.....	0	1	2	1	0	5	1	0
Trichinosis.....	0	0	1	2	0	0	0	0
Tuberculosis.....	135	135	262	185	149	185	261	127
Typhoid Fever.....	3	3	4	2	8	15	9	6
Typhus Fever.....	1	0	0	0	0	0	0	0
Undulant Fever.....	0	0	1	1	4	2	4	0
Whooping Cough.....	55	69	146	143	50	78	155	167
Totals.....	980	1,678	2,464	2,185	1,122	1,836	2,391	2,393

Diphtheria maintains its higher level.

Influenza shows a slight increase.

Few cases of animal rabies are reported.

Typhoid fever is at lowest ebb.

Scarlet fever is prevalent.